

REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

ORI: CA0349400 Type of Application: Firearms Eligibility Cert
Code assigned by DOJ

Job Title or Type of License, Certification or Permit: Certificate of Eligibility

Agency Address Set Contributing Agency:
Department of Justice, Firearms Division 02879
Agency authorized to receive criminal history information Mail Code (five digit code assigned by DOJ)
P.O. Box 820200 Firearms Lic. Permits Unit
Street No. Street or P.O. Box Contact Name (Mandatory for all school submissions)
Sacramento, California 94203-0200 916-227-3694
City State Zip Code Contact Telephone No.

Name of Applicant: _____
(please print) Last First MI
Alias: _____ Driver's License No. _____
Last First
Date of Birth: _____ Sex: ☐ Male ☐ Female Misc. No. **BIL-** N/A
Agency Billing Number (if applicable)
Height: _____ Weight: _____ Misc. No: _____
Eye Color: _____ Hair Color: _____ Home Address: _____
Street or P.O. Box
Place of Birth: _____
City, State and Zip Code
SOC: _____

Your Number: N/A Level of Service DOJ: ☒ FBI: ☒
OCA No. (Agency Identifying No.)

If resubmission, list Original ATI No. _____

Employer: (Additional response for agencies specified by statute)
N/A
N/A
Employer Name
N/A N/A
Street No. Street or P.O. Box Mail Code (five digit code assigned by DOJ)
N/A () N/A
City State Zip Code Agency Telephone No. (optional)

Live Scan Transaction Completed By: _____ Date: _____
Name of Operator

Transmitting Agency _____ ATI No. _____ Amount Collected/Billed _____

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